TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be natified at an order.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9-19711 7

1979

MAY

		REGISTRAR				CENTIN	ICATE OF DEATH	REG. N	0.				
	1. DEC	EASED NAME	FIRST (EF	RIK)	MIDDLE (NDERSEN	AST	20. DATE OF DEATH	MONTH	DAY YE	AR	2b. HO	JR
	fille	OKPRINI)	Earle				tensen		4	29 7	9	7:3	Dam
	3. SEX		4.	RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	[HDAY]	IF UNDER I	YEAR	IF UNDER	
		Male			nite	MONTH 7	8 67 _	11	YRS		DAYS	HOURS	MIN
		RTHPLACE ISTATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUN	TRY?	D NEVER MARRIED &	9 BALTIMORE CITY	R COUNT	Y OF DEAT	H		11.73
5		Marylan	d	US	A	WIDOWE		Howard 8	ounty	/			MD.
	1	Olumbia	ATH III	(IF NOT IN SUC	HOSPITAL, NU HEACILITY, GIVE Hayshed	STREET ADDRESS	DR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Student	F WORKING			F BUSIN	ESS OR
5	USU A 13a S	L RESIDENCE (IF NURS TATE	13b. COUNTY Howar		GIVE RESIDENCE 13c. CITY OR COLUMN	IOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 8705 Hay	shed	Lane			
	14. FA	THER'S NAME	AID	DIE.	1457		15. MOTHER'S MAIDEN NA						
0		John	Milo		dersen		Barbara	WIDDLE		Bra	1AS1		
Ī		AS DECEASED EVER			16b SOCIAL	SECURITY NO.	17. INFORMANT	ADDR	55				
ı	(1)	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES	None	3	Mrs Barbara	8. Andersen	San	ne as	#1	3	
1	H	18 CAUSE OF DEAT	H (Enter only)	one couse per	line for (a) (h	and (c)				AP	PROXI	MATE INTE	RVAL
1		PART I. DEATH W	MMEDIATE	AY.		1,	61.			BEIV	WEENC	MOET AND	DEATH
		1910	IMMEDIATE (of willows			4-		-> 0.	299
		11/7		DUE TO, OI	R AS A CONS	EQUENCE OF	10 01	1.		Cran	3	R. C. L.	Street
		Canditions, if any, gave rise to imr		(p)	2/100/03	spour was	mpoune, pourry	dowies.				-	
		cause (a), statin underlying cause		DUE TO, OI	R AS A CONS	EQUENCE OF							
				(c)									
	z	PART 2. OTHER SIGN	VIFICANT COI	NDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITIONG	IVEN IN PAR	RT 110	3 1	
-	CERTIFICATION	190. DATE OF OPERA	TION	Ties CONDI	TION FOR W	LICH OREDATIO	N WAS PERFORMED	200 AUTOPSY?	Tank IE VI	ES, WERE FI	IN IPO IN I	CC LICE	
7	J.	178. DATE OF OPERA	IION	170. COND	THOR FOR W	HICH OPERATIO	N WAS FERFORMED	200 AUTOF51:	IN CERT	IFYING CAL		OF DEA	TH?
	RT						14:	YES NO	1	ES 🗌		NO [
		210. ACCIDENT WAS UNE		11b. TIME O		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	, PART 1 OR PAR	21 2)		
	N N	(IF EITHER, NOTIFY MEDIC		Р.	Μ,	19						- 7	
	MEDICAL	21d. INJURY OCCURE		ZIE. PLACE		FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	,	5.	TATE
	2	AT WORK NOT WE	ORK		eer, Acron, or	Tree, France, ETC.,	THE REAL PROPERTY.						
		220 I certify that (I)	(this hospital)) attended the	e deceased fr	om	, 19	, to		. 19	, 1	hat (1) (we) lost
		saw the decease obove, (I) (we) (c	ed alive on	Jan Aba barda	-6a ab-	19, or	nd that in (my) (our) opinion	death accurred on the d	ate and ho	our and from	n the c	auses st	oted
		226. SIGNATURE	Ond ((did not) v	new the body	orier deorn.		DEGREE			22c. D	ATE S	SIGNED	
		Idenven	2000	m con	()		ATTENDING PHYSICIAN TO	MEDICAL STA		41	30	1990	
		27d. PHYSICIAN'S NA		MILL			122e ADDRESS	DIRECTOR PHISIC	- IAIN	1 4	30	I CO	7
		400.25	200	7 050	0.0		121.12	11.11 31	1	100	2	0 - 0	
	22a P	URIAL, CREMATION.		23b. DATE	11 27	22. NIAME OF C	EMETERY OR CREMATORY	1939 FOCUTION	1 pwoo	6 10/0	od,	1209	
	(S	PECIFY						CITY OR TOWN		COUNTY			ATE
	24 5	Buria		5/2/7		Loudon		Baltimor		Thank and		Mc	
	24. PU	NERAL DIRECTOR	Mi tok	e Fune	ral Hor	ne of Ca	tonsville 250. DAT	TE KECD. BY REGISTRAR	72 p 10 20 10	HERVE 2 2 NO	5°90.j/	Same	4

Catonsville, Md. 21228

DHMH-16 60M 1/73 (VR A 15 (4))

1630 Edmondson Ave

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

etoined by the hospital or attending physician.

*

within 24 hours after death. Page

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physicion.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

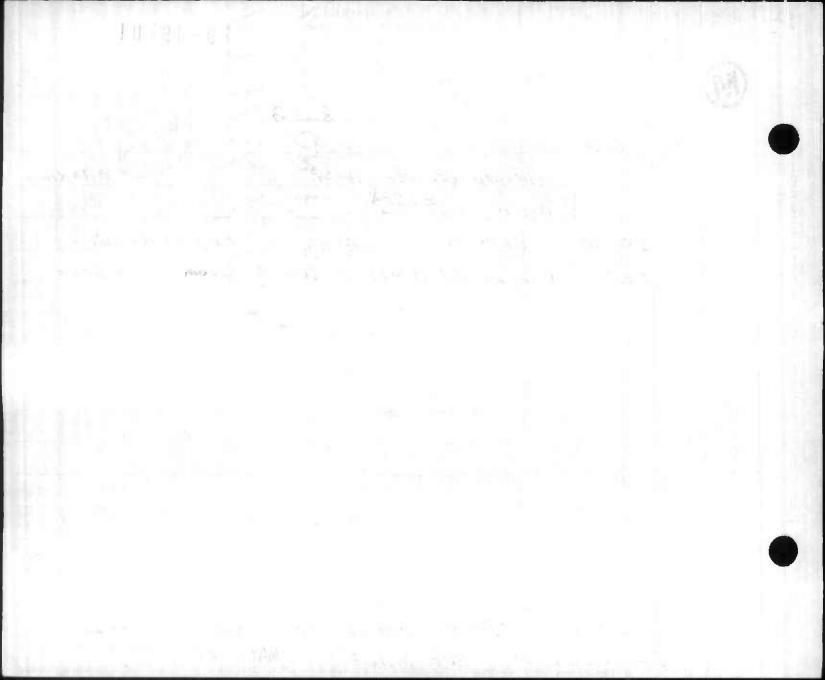
79-09701

1.5	DECEASED NAME FIRST	MIOOLE	LAST	REG. NO	
	DECEASED NAME FIRST NOTMY		BI	20 DATE OF DEATH	H 25 79 200 A
3. S		RACE IN	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	7 7 01100
	M	Care	MONTH DAY YEAR 23	56	MONTHS DAYS HOURS MIN
7a.	BIRTHPLACE STATE OR FOREIGN 7 COUNTRY)	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
10	CITY OR JOWN OF DEATH	U.S.	WIDOWED DIVORCED	Howard	d County,
	Columbia	(IF NOT IN SUCH FACILITY, GIVE STREET A FOWARD CO. 5	Er. Hesp.	120 USUAL OCCUPATIO	
139	STATE AT A COUNT	OLTO SIVE RESIDENCE BEFORE 134 GITY OF TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	arilyn Ave.
(FATHER'S NAME FIRST FIRST MI	BLOOM LAST	15. MOTHER'S MAIDEN NA FIRST MAY E	- MIDDLE	LH ARDT LAST
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE V		17 INFORMANT 4039 ETHEL	L. BLOOM	ABOVE
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	Anna II	veryon onstem	Barka.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	4149 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF Arbillet		4 days
	gove rise to immediate couse 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF the obses	-	Year .
z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 1(0)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
1	OR CONTRIBUTING TO CAUSE OF DEATH				
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION		
×	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that (1) (this haspital saw the deceased alive on above (did) (did not)		7, and that in my (our) opinion	death occurred on the dot	e and hour and from the causes stated
	22b. SIGNA (LIFE	view the body offer death.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR □ PHYSICIA	22c. DATE SIGNED
	22d. PHYSIC AN'S NAME (THE SE	Mind)	22e ADDRESS		
23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	4/20/	AME OF CEMETERY OR CREMATORY RRAINE PK	23d. LOCATION CITY OF TOWN	COUNTY STATE
24	FUNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR 2	
1	J. B. CONNEL	and the same of th	nACE MI	41 T 13/2	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral direct should be detached for use as the buriol-transit permit. Then please remove corban popers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00702

700	R	EGISTRAR				OF DEATH	REG. NO.		
		EASED NAME STOP FIRST	Wem	MIDDLE	CASBON) OF		4-27	YEAR 26. 1
3	M	1)e Canc	5. DATE OF BIRTH	YEAR LAST BIRTH	EARS IF UNDER 1 YR. IF UND PAY) MONTHS DAYS HOURS YRS.	MIN PRONO	UNCED 4-	27	76 2d. 1
12	7a. BIR	THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF W	S. A.	8. MARRIED NEVER MA	RRIED . 9. BALT	DWW.	COUNTY OF	unty
800	IO. CIT	LAURGE	9241	FACILITY, GIVE STREET ADDRESS	y Borron K	FOR MOST OF V	CUPATION (TYPE O VORKING LIFE)	O	ND OF BUTINE R INDUSTRY
35	USUAI 13a. ST	RESIDENCE (IF IN NURSING HO		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS YES NO	X 4241	WHISK I	y Boit	on Rs
130		TONN	MID LE	KITCHEL	15. MOTHER'S MA	IDEN NAME	MIDDLE	FAM	MINE
NOISIN /		(IF YES,	ARMED FORCES?	217-20-8		V. CASSON	3024 DEW 0	PRISANS	PPROXIMATE INTER
OVA!	16	Conditions, if ony, w	hich	r as a consequence	: OF				
H AND MENTAL HYG LTION, OF REMOVAL	z	gave rise to immed couse (a) stating the <u>un</u> lying cause last.	hich liote (b) der- DUE TO, O	er as a consequence		I PART 1 (a).			
OF HEALTH AND MENTAL HYG	PICATION	gave rise to immed couse (a) stating the <u>un</u> lying cause last.	hich liote (b) DUE TO, O (c) IONS CONTRIBUTING TO DEAT	OR AS A CONSEQUENCE	OF	I PART 1 (a).			AUTOPSY?
RIMENT OF HEATH AND MENTAL HYS LTO BURING, CHEMATION, OF REMOVAL Co. T. C.	CALCERTIFICATION	gave rise to immed couse (a) stoting the <u>un</u> lying cause last. PART 2 OTNER SIGNIFICANT CONDIT	hich (b)	OR AS A CONSEQUENCE	RMINAL DISEASE OR CONDITION GIVEN II ERATION WAS PERFORMED?		F THUURY IN ITEM 18 PAI		AUTOPSY? YES \ NO
ATE DEPARTMENT OF HEATH AND MENTAL HYS (0) PRIOR TO BURIAL, CHEMATION, OF REMOVAL.	CAL	gave rise to immed couse (a) stoting the un lying cause last. PART 2 OTHER SIGNIFICANT CONDIT	ions Contributing to DEAT 19b. CONE 19b. CONE 19b. TIME CONE 19b.	IN BUT NOT RELATED TO THE TEL DITION FOR WHICH OPE OF INJURY M. MONTH DAY YE.	RMINAL DISEASE OR CONDITION GIVEN II ERATION WAS PERFORMED?				
HITHE STATE DEFARIMENT OF HEATH AND MENTAL HYD LAND: 21201 PRIOR TO BURIAL, CREMATION, OF REMOVAL Co. 1.5.		gave rise to immed couse (a) stoting the un lying cause last. PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that I took of	IONS CONTRIBUTING TO DEAT 19b. CONE 21b. TIME C HOUR A. OF DEATH 21e. PLACE STREET, FA	OR AS A CONSEQUENCE ON BUT NOT RELATED TO THE TELE OTTION FOR WHICH OPE OF INJURY M. MONTH DAY YE, A. 19 E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	RMINAL DISEASE OR CONDITION GIVEN II ERATION WAS PERFORMED? 21c. HOW INJURY OCCUI 21f. LOCATION STREET	CITY OF	iry and	RT 1 OR PART 2)	YES NO
STH. WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYG E. MARYLAND, 21201 PRIOR TO BURIAL, CHEMATION, OF REMOVAL.		gave rise to immed couse (a) stoting the un lying cause last. PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that I took of	IONS CONTRIBUTING TO DEAT 19b. CONE 21b. TIME C HOUR A. OF DEATH 21e. PLACE STREET, FA	OR AS A CONSEQUENCE ON BUT NOT RELATED TO THE TELE OTTION FOR WHICH OPE OF INJURY M. MONTH DAY YE, A. 19 E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	RATION WAS PERFORMED? 21c. HOW INJURY OCCUI 21f. LOCATION STREET Autopsy , Inspec	CITY OF	iry and monner ,	RT I OR PART 2) COUNTY	YES NO
THE DEATH, WITH THE STATE DEFARMENT OF HEALTH AND MENTAL HYG ALTWOSE MARYLAND, 21201 PRIOR TO BURIAL, CHEMATION, OF REMOVAL	MEDICAL	gave rise to immed couse (a) stating the unlying cause last. PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that I took of death resulted from: ACTUAL	IONS CONTRIBUTING TO DEAT 19b. CONE 19b. CONE 19b. TIME (HOUR A. OF DEATH 21e. PLACE STREET, FA charge of the remains d Natural couses A. OR	DITION FOR WHICH OPE OF INJURY M. MONTH DAY YE, M. 19 E OF INJURY (ATHOME, ACCIDENT LANGE, ACCIDENT LA	RMINAL DISEASE OR CONDITION GIVEN III ERATION WAS PERFORMED? 21c. HOW INJURY OCCUI 21f. LOCATION STREET Autopsy , Inspec	CITY OF Inqu	iry ond and monner , AMINER	RT I OR PART 2) COUNTY	YES NO

DHMH - 17 (VR A15 ME (5)) 15M 7/76

7601 Sandy Spring Rd. Laurel, Md.

50100-01 13 30000

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 0 - 0 9 7 0 3

11-	STATE REGISTRAR		MEI	DICAL EXAMIN	NER'S	ERTIFICA	TE OF DE	ATHI 9	REG. NO	1 0	J		
	CEASED NAME	FIRST		MIDDLE	91	LAST		20. DATE K	NOWN D	MONTH	DAY	YEAR	2b. HOUR
E (III	PE OK PKINI)	Henry		H.	C	atron		DEATH /	MATED [4	14	19 79	M
1 SE	male	4 RACE	S. DATE OF BIRTH	6. AGE (IN Y			UNDER 24 HRS.	PRONOUNG DE AD	ED	4 4	14	YEAR 19 79	P M
7n. B	OREIGN COUNTRY)	TATE OR	76. CITIZEN OF WE	HAT COUNTRY?	8. MARR WIDOV	ED NEVER	MARRIED []	9. BALTIMO	rd Cou	_		DEATH	MD.
0	Jessup		(IF NOT IN SUCH FA	PITAL, NURSING HOM CHITY, GIVE STREET ADDRESS) Rd. 1 mile	W. o			arpent	ATION (TYPE		12b. KI	IND OF BURN INDUSTIONS IN SETU	
	AL RESIDENCE	(IF IN NURSING HOME O	ROTHER INSTITUTION, GE	134-CITY OR TOWN	SION)	13d. INSIDE CITY L	IMITS? 1375T	ZEST ABORES	Snad N	Mill	s Ro	ad	
14. F	ATHER'S NAME	reed Fra:	zier Catro	on		15. MOTHER'S FIRST	May G	ullion	DDLE			LAST	
	WAS DECEASE YES, NO. OR UNKNO NO	D EVER IN U.S. ARA		16b. SOCIAL SECURI	TY NO.	17. INFORMAN Henry	A. Cat	ron sa	address me as		ve		
		F DEATH (Enter on		far (a), (b), and (c).)							BET	APPROXIMATE	E INTERVAL T AND DEATH
CATION OR				BUT NOT RELATED TO THE TES							20	AUTOPSY	?
TIE	21a EXTERNA	AL CAUSE WAS	21b. TIME O	F IN IURY	71c H	OW IN IURY O	CCURRED (ENTE	R NATURE OF INJU	JRY IN ITEM 181	PART 1 OR	_	YES 🛣	NO 🗆
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI 21d. INJURY C	OCCURRED	HOUR A.N DEATH 6 1 9.N 21e. PLACE (STREET, FAC	A. MONTH DAY YEA A. 4 14 197 OF INJURY (AT HOME, TORY, FARM, ETC.)	9 dr 211. LC	iver in	auto/f	ixed o	bject	imp	act		STATE
2	AT WORK	NOT WHILE X	hig	hway	Mi		d. 12mil					Cou	nty
3	22a I certi		e of the remains deval causes ;	Accident X, S	Autor Juicide	sy X, Ir Hamicide	spection	Inquiry etermined ma		nd in my (apinian		
	ACTUAL SIGNATURE	Mouser	to Boe &	bell	^	TITLE (SPEC		EDICAL EXAM	INER	DAT		4/15	/79
2	EXAMINER'S (TYPE OR PRI	NT)	Margari	ta A. Kore	11, M	ADDRESS		nn Str	eet				
230.	BURIAL, CREMA (SPECIFY) Bur	rial	April 1.8	,1.979 Mead	owrid			Dorse					TATE
24.	FUNERAL DIRECT		neral Möm	e, Laurel,	Md	250	DATE REC'D.	R 2019		per	try	book	rody

79-09703

nedding of

A CONTROL OF SECTION , NAME ...

APELIUSES OF PARTIES

DHMH - 17 (VR A15 ME (5)) 15M 7/76

LES. HOURS TREET,

-	In	fo. ad	ded per p	hone call	w/Fu	n. STATE		ARYLAN									
	1-5		me 4/30/7	9 rc	DEPARTM	ENT OF HE						7.C	NO. 1	09	70	4	
		EASED NAME	FIRST		MIDDLE		l	AST			2a. DATE		_ M	ONTH	DAY	YEAR	2b. HOUR
			Norman		K.			vis			OF DEATH	MATED		4		9 79	M
	8. SEX	60 10	4. RACE	S. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS		IF UNDER	R 24 HRS	2c. DATE PRONOUN DEAD	ICED	MC	I.	DAY	YEAR	2d HOUR 1:20
		ale	White	April 13		58 YRS.					9. BALTIM	OPE CITY	(000	OUNT	ALC: UNKNOWN	19 79	Рм
b	FOR	REIGN COUNTRY)						D NE					_				
Æ	Was	hingto	n, D.C.	U.S.A.	-		WIDOWE		DIVOR		UAL OCCUP	Howa					MD.
0	10. CII	IY OR TOWN	OF DEATH	11. NAME OF HOS			OR OTHE	RINSTITU	TION		MOST OF WOR		TYPE OF V	NORK	OR I	INDUSTR	SINESS
		Laurel				gton B		Apt.	. 7	Me	inten	ance					
5	13a ST		13b. COUN		13c. CITY C	RTOWN		13d. INSIDE C	ITY LIMITS?		eet addre	ss shin	etor	n B	lvd.	Ant	7
- 4		THER'S NAME						15. MOTHE				DDLE				AST	
0		Charle	s Fra	ancis	Davi			2.0	INST LTV		Ett			Kno	ode	131	
		AS DECEASE	DEVER IN U.S. ARA	AED FORCES?		AL SECURITY N	10.	17. (NSPR					\$9 e			nia	22123
1	(YE	NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	579-0	9-8255				Shur	aker						
		18 CAUSE O	F DEATH (Enter anl	y ane cause per line	far (a), (b), a	and (c).)									APP	ROXIMATE FEN ONSET	INTERVAL AND DEATH
		PARTIDE	ATH WAS CAUSED	BY: Art	terios	clerot	ic C	ardio	ovasc	ular	Disea	ıse					
	1.3	429	12		AS A CONS	EQUENCE OF											
Ε	12		ns, if any, which se to immediate	(b)													
9		cause (a)	stating the under-	<	AS A CONS	EQUENCE OF			73	70-11							
	-	lying cau	ise last.	(c)													
		PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATE	D TD THE TERMINA	AL DISEASE	DR CONDITIO	N GIVEN IN P	ART 3 (a).							
	MEDICAL CERTIFICATION							07									
1	CAI	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR W	HICH OPERAT	ION WA	AS PERFOR	MED?						2D. AL	JTOPSY?	
1	TIE								100		151					ES 🔀	NO 🗌
2	CER	21a. EXTERNA UNDERLYING	L CAUSE WAS	21b. TIME OF HOUR A.M	MONTH [DAY YEAR	21c. HO	W INJURY	OCCURR	ED (ENTER	NATURE OF INJ	URY IN ITEM	18 PART	1 OR PAR	RT 2)		
and .	\\V_\	CONTRIBUTI	NG CAUSE OF			19											
	ED	21d, INJURY C		21e PLACE C	ORY, FARM, ETC		21f. LOC	ATION			CITY OR TOV	WN		cou	INTY		STATE
	~	AT WORK	NOT WHILE D						1.79								
		22a. I certi	fy that I taak charg	e af the remains des	cribed abave	e, held an	Autaps	y x .	Inspection	an ,	Inquiry		and in	ту ор	inian		
	5.13	death result	ed fram: Natur	al causes X	Accident		de .	Hami	cide .	Unde	termined mo	onner [],				
			A .	0	2			TITLE (S	SPECIFY)								
		ACTUAL SIGNATURE	MA	S	X O'	~	M.	D. Assi	istan	t_MED	ICAL EXAM	INER	[DATE	0 4	1/6/7	79
0		i i	11.	00			-										
COR		EXAMINER'S (TYPE OR PRI	NT) Ann I	M. Dixon,				ADDRESS_				Pen	n S	tre	et		
	(S	"ECIFY)	TION, REMOVAL 2			ME OF CEME				CITY	OCATION	,	0	COUN	ITY O	ST	ATE
		remati		4/10/79	Ce	dar Hi	II C	remat	-		itlan	a ten no	r.	u:0,0	. 00	Md	
		NERAL DIRECT		ADDRESS			36.3		25a. DATE	T.P	RALISING	979 RE	GIST	con	7"	- oft	7
	W.	W. Cha	mbers Co.	, Inc. Si	Lver	Spring	, Md	•			10	- -			_	- 1	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09705

1.	FOR STATE REGISTRAR				EALTH AND MENTAL HYGI	IENE 7	0	705	
	CEASED NAME FIRST POR PRINT)		widdle Ida		AST Ellis	2a DATE OF DEATH	MONTH DAY	79	1004 1004
3 SE	Female		re	DATE C		6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN
MS	IRTHPLACE (STATE OR FOREIGN OUNTRY)	US	A v	VIDOWE	9-7	9 BALTIMORE CITY OF	ard		MD.
(SLUMBIA	Hou	HEACILITY, GIVE STREET ADE	PRESS)	en. Hosp. Codes.	12a USUAL OCCUPAT TYPE OF WORK FOR MOST O		INDUSTRY	F BUSINESS OR
Ma	AL RESIDENCE (IF NURSING HOME OR STATE 135, COUN HOWE	OTHER INSTITUTION	Columbia	MISSION)	YES NO 🔀	13e STREET ADDRESS 5681 B.	Harper	s Fa r n	Road
14 54	ATHER'S NAME FIRST A	Ma	nnenwetsch	1	15. MOTHER'S MAIDEN NAM FIRST Un	known MIDDLE		LAST	ī
16a V	WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) I IF YES, GIVE	WED FORCES? WAR OR DATES)	220-30-05		17. INFORMANT Elaine M. El	lis, 5681B		210 s Fa r m	
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) IMMEDIAT	y one couse per D BY: E CAUSE (o)	ACUTE M	you	APDIAL INFA	petier		BETWEEN O	MATE INTERVAL
	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost.	(b)	r as a consequence	-					
NOI	PART 2 OTHER SIGNIFICANT C	MELITU	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o) (
CERTIFICATION	198 DATE OF OPERATION	19b COND	TION FOR WHICH OF	PERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	IGS USED OF DEATH?
CAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)		M. MONTH DAY	YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE	OF INJURY BEET, FACTORY, OFFICE, FARA	A, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did (did not 22b SKINATUE)	4117	1079		d that in (my) (our) opinion d DEGREE ATTENDING	deoth occurred on the d	FF		
	NESTOR F. DE		ADa		10840 LITTLE	PATUXENT	PARKUM	7 6	LUNEA PUN
230 E	BURIAL, CREMATION, REMOVAL SPECIFY) BUrial	23b. DATE 4/14/			emetery or CREMATORY	23d LOCATION CITY OR TOWN Baltimo		yland	STATE
24 FU	Witzhe Tune	ville, M	d/630E	111	AP	R 1 6 1979		R'S SIC MATE	Treaty

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbomopers. Pages 1 and 2 should be filled within 7% with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified of any

deoth certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09706

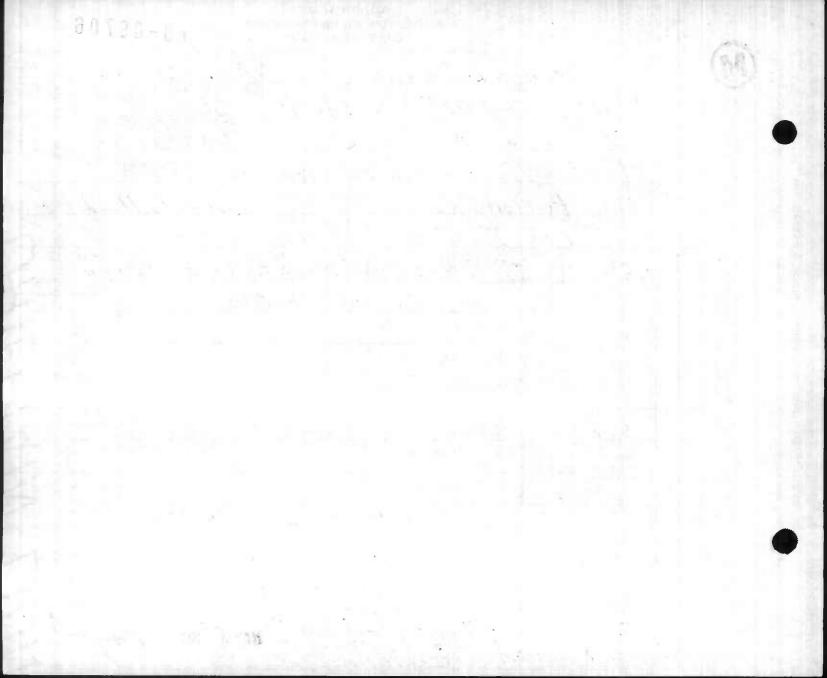
WIREGIS 1941 CAN REGISTRATE CHANGE CHANGE

		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE		AY YEAR 26. HOUR
			nes Litvans	April 28,1	979 12 m
	3 SE	Male	4 RACE Black 5. DATE OF BIRTH MONTH DAY, 1918		IF UNDER 1 FEAR IF UNDER 24 HRS
Thouse.		IRTHPLACE (STATE OR EQREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED M DIVORCED [9 BALTIMORE CITY OR COUNTY	OFDEATH OUNTIL MD.
18 Indiffied	10 C	Columbia	11. NAME OF HOSPITAL, NUMSING HOME OR OTHER INSTITUTION AFFORM IN ACTION OF THE PROPERTY OF TH	12 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
ed sales	130	STATE Md. 136/201	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13-ETTY OR TOWN 13-	10019 7011	Ford Pl
30 Examin		ATHER'S NAME JOH.	MIDDIE EVANS 15. MOTHER'S MAIDEN N	A SMAII	LAST
e medico		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	AMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 218-14-3144 Charles	EVANS Brothe	PR/as #13
event, th		PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), and (c) the Story TE CAUSE (c)	uach	BETWEEN ONSET AND DEATH
matic		1519	DUE TO, OR AS A CONSEQUENCE OF		
other trou		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		
nlury, ar	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEI	rminal disease or condition give	N IN PART 1(0)
huo smot	CERTIFICATION	3 15 29	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH? NO
18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2)
orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		sow the deceased alive an	ital) attended the deceased from #1864 1 19 70 and that in (my) (our) opinion of the body after death.	on death occurred on the date and hour	9 7, that (I) (we) tast and from the causes stated
		226. SIGNATURE Be	*	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 4-28-79
MPORTANT		H. V. BE	12 LCHER M.1). 8499 N	GRPBRS PM 12	d. Cocumbin
	73n. I	BURIAL CREMATION REMOVAL	5-4-79 Nd. Nall West F	K LAUREL PA	Ben Md.

BP. DHMH - 16 60M 7/73

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15(4))



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 50		STATE REGISTRAR		MED	ICAL EX	AMINER'S	CERTIFI	CATEO	F DEAT	Н	7 9 -	091	0/	
		CEASED NAME OR PRINT)	SARAI	H M	WIDDLE		FAU.	LKNER		DATE KNO OF ES DEATH MA	STI-		25 ₁₉ 79	2b. HOUR
DIRECTO OUR FILE 72 HOU ON STREE		emale	white	5. DATE OF BIRTH DAY 08 25	YEAR LA	56 YRS.	NTHS DAYS	IF UNDER 2	MIN. PR	ONOUNCE DEAD	D		25 ₁₉ 79	4:30 P· M
WITHEN Y	FOF	THPLACE (STATE BEIGN COUNTRY) OHIO		U.S.A.	-1	WIDO	RRIED X NE	DIVORCE		Howar	d Cour	nty	OF DEATH	MD.
PAGE FILED	E1	ridge	-15	7065 Mon	gomery	Road	THER INSTITU		FOR MOS	ST OF WORKING	,		or industr	RY
S. RETAILS SHOULD L. RECORD	MAI		HOWAI	Υ	13c. CITY OR ELKRI	TOWN	YES T	NO X			GOMERY	ROA	D, 212	27
OE VITA		WILLIA		MIDDLE H.	WHOLA	VER SECURITY NO.		NANCY	NINAME	D.			DYER	
S AFIER SIVE PA SIVE PA TH FOR AGES 1		AS DECEASED EV S. NO, OR UNKNOWN)		VAR OR DATES)		0-6100		L. TA	BLADA					
UTED WITHIN 24 HOUN IN PENCIL IN ITEM 18. EXAMINER ALONG W RIAL-TRANSIT PERMIT. IS D MENTAL HYGIENE, DI OR REMOVAL		PART I DEATH Conditions, gave rise	IMMEDIAT if any, which ta immediate thing the under-	DUE TO, OR A		of tho	rax an	d inci	sed w	ound	of nec	k	APPROXIMATE BETWEEN ONSET	AND DEATH
ID BE EXECTED BE EXECTED BY AS A BUTTH AN INTERNATION REMATION	VIION	PART 2 OTHER SIGNIF		ONTRIBUTING TO DEATH 8	112	O THE TERMINAL DIS			RT 1 (a).				20. AUTOPSY?	>
E CHIEF BE USE VT OF H	CERTIFICATION	21a. EXTERNAL C		21b. TIME OF			HOW INJURY		D (ENTER NAT	TURE OF INTURY	IN ITEM 18 PART		YES X	NO 🗆
HIS CERTIFICATI WRITING THE V VARDED TO TH AGE 3 SHOULD ATE DEPARTMEN 201 PRIOR TO BU	MEDICAL CE	UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE	OR CAUSE OF D	PEATH P.M. 21e PLACE C STREET, FACTO	MONTH DA	25 79 THOME, 21f.	found a LOCATION STREET 065 Mon	stabbe	ed .	CITY OR TOWN		COUNT	Y	STATE MD
MINER: T TIFICATE, BE FORW ECTOR: P, TH THE ST TAND, 212		220. I certify the death resulted f		e af the remains desc al causes ,	ribed abave, I	held an Aut		Inspection		Inquiry		n my apinio	an	
ICAL EXA THE CER SHOULD ERAL DIR EATH, WI DRE, MARY		ACTUAL SIGNATURE	An	05	2			specify) istant	MEDICA	ALEXAMINE	ER .	DATE SIGNED_	4/26	/79
TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIMC	23a. Bl	EXAMINER'S NA (TYPE OR PRINT) JRIAL, CREMATIO PECIFY)		M. Dixon,		NE OF CEMETER	ADDRESS_		123d. LOC/	ATION	t, Bal		re, MD 2120	01
BP]	BURIAL		04-30-79		OWRIDGE		PK.		RIDGE	НС	DWARD	51	IAIE
DHMH - 17 (VR A15 ME (5)) 15M 7/76		JEBARD F		HOME, INC.	4107	212 WILKEN		APR 2	7 197	9	Fully	ysel	money	

10/80-8 And in the state of the state of

FOR STATE

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

79-09708

	REGISTRAR		MILL	NOAL L	VAMILIAE	K 2 CEK	HICAIL	OI DE	4111	REGAINC	, -			
	CEASED NAMI	E FIRST	N 30 1 1 10	MIDDLE		LAST			2a. DATE K	X NWON.	MONTH	DAY	YEAR	26. HOUR
(IAb	PE OR PRINT)	CAROL	YN	D.		FISH	RR .		OF DEATH	MATED	4	25	19 79	N.
3. SEX	X	4. RACE	5. DATE OF BIRTH	6	AGE (IN YEARS	IF UNDER		ER 24 HRS.	2c. DATE		MONTH	DAY	YEAR	24. HOUR 5:10
c -			2 22	61	18 yrs.	MONTHS	AYS HOURS	MIN.	PRONOUNG DEAD	CED	/1	25	19 79	
	male	negro	7b. CITIZEN OF WH					_	9. BALTIMO	DRE CITY O	R COUN			Рм
FO	Va Va						NEVER MAI		-	_	_			
		05 05 1511	U.S.			WIDOWED		RCED L		ward (111 216	ID OF BI	MD
	ITY OR TOWN		11. NAME OF HOSP (IF NOT IN SUCH FAC			OK OTHER IN	ISTITUTION		MAL OCCUPA		OF WORK		INDUST	
	altimo		I70 3/4				osco Ri	ver						
130. S	Md.	(IF IN NURSING HOME C	OR OTHER INSTITUTION, GIVE TY	130 CITY C	EFORE ADMISSION DR.TOWN LIMORE	13d.	INSIDE CITY LIMITS	2 13e. STE	REET ADDRESS 105 B	s arrir	ato	n R	đ.	
$\overline{}$	ATHER'S NAME						AOTHER'S MA		E					
	ARST 1		MIDDLE	LA.	AST		Arnit	a	MIE	DDLE		Fi	shei	2
16a. V	WAS DECEASE	DEVER IN U.S. AR			AL SECURITY N		VFORMANT			ADDRESS				
	NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	218-	-76-66	21 7	rnita	Hard	dy 4.	105 E	arr	ing	ton	Rd.
			ly ane cause per line l	far (a), (b),	and (c).)							SETW	PROXIMATE	E INTERVAL T AND DEATH
	PARTIDE	ATH WAS CAUSE	TE CAUSE (a) C:	ranio.	-cerebr	al in	juries							
	18/4	7			EQUENCE OF			WILL SEE		V. T.				
		ns, if any, which												
		se to immediate stating the under-	(b)	AC A CONIC	EQUENCE OF		-							
	lying cat		DOE TO, OR	AS A CONS	EQUENCE OF									
100			(c)											
-	PART 2 DIHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATE	ED TO THE TERMINA	AL DISEASE DR C	DNDITION GIVEN IN	PART I (a).						
CATION														
13	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR W	HICH OPERAT	TION WAS P	ERFORMED?					20. A	UTOPSY	,
CERTIF			3 PARTIE									Y	res 🔯	NO 🗆
W W		AL CAUSE WAS	21b. TIME OF HOUR XX		DAV VEAR	21c. HOW I	NJURY OCCUR	RRED (ENTER	NATURE OF INJU	JRY IN ITEM 18 F	ART I OR PA	RT 2)		
	CONTRIBUTI	OR NG CAUSE OF I	DEATH 4:02 P.M.	4-2	5- 1979	Run	over &	trapp	ed und	er tr	uck t	whee	1s	
MEDICAL	1214 INTURY	OCCUPPED	21e. PLACE O	OF INJURY	(AT HOME,	211. LOCATI	ON							CALI
Z	WHILE C	NOT WHILE AT WORK		ory, farm, etc)	IZO 3	/4 mi	west	CITY OR TOW	N		ward		STATE M =
	4					of Pa	capsco Inspec	River			ДО	varu		Md.
4	22a. I certi	fy that I taak charg	e af the remains desc	cribed above	e, held an	Autapsy	M, Inspec	tian L.,	Inquiry	L, an	d in my ap	oinian		
	death result	ed fram: Natur	ral causes L.,	Accident	X , Suici	de 🔲 .	Hamicide	Unde	etermined mar	nner,				
-	23 O F	2010	4				ITLE (SPECIFY)							
	SIGNATURE	VIV.	DXX	5		M.D	Assista	nt MED	DICAL EXAM	INER	DATE	D 4	-26-	79
4		1.		1750										
	EXAMINER'S (TYPE OR PRI	NAME Ann	M. Dixon,	M.D.		ADD	ESS111	Penn	St.	255				
	SURIAL, CREMA	TION, REMOVAL			AME OF CEME			[23d. L	OCATION			LITY.		
	EDECIEV)		4/30/79				Cemete	ery A	ccoma	iC,	COU	Lel I	Si	Va.
24. F	UNERAL DIREC						25a. DA	TE REC'D. B	BY REGISTRAR	23h HI	STRAR'S S	NAT	9	
-(:	Bur UNERAL DIREC	ial ·		W]	hartor	n's _	Cemete 25a. DA	TE REC'D. B			STRAR'S S	hel	Zuody	∀a.

DHMH - 17 (VR A15 ME (5)) 15M 7/76

APR & (13/3

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, EXECUTE THE CERTIFICATE, WRITING THE WORDS." IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FILED, WITHIN Y3 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON SHITMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

BP DHMH - 17 (VR A15 ME (5))

15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-5	FOR STATE REGISTRAR			EPARTMENT OF H				TH 7.9	-09	709	
	1. DEC	CEASED NAM	E FIRST		MIDDLE		LAST	2	. DATE KNOWN			R 2b. HOUR
ď	(TYPE	E OR PRINT)	SUSAN	1	В.	FRE	ENCH		OF ESTI-	0 4	1 1979	9 "
	3. SEX		4. RACE	5. DATE OF BIRTH	VEAR LAST BIRTHDAY				C. DATE	MONTH	DAY YEA	o:35
	fe	emale	white	May 26 19			DAYS HOURS	MIN P	RONOUNCED DEAD	4	1 1979	9 a M
d	FOR	RTHPLACE (S	TATE OR	76 CITIZEN OF WH	AT COUNTRY?	B. MARRI	ED NEVER MARRI	ED 🔲	BALTIMORE CIT	Y OR COUN	TY OF DEATH	
5	Ca	alif.		U.S.A.		WIDOW	VED DIVORCE		Howard C			MD.
	10. C11	TY OR TOWN	OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME,		ER INSTITUTION	FOR MI	AL OCCUPATION (OST OF WORKING LIFE)	TYPE OF WORK	12b KIND OF OR INDU	
		lumbia		Owen Brow	n Rd. & Rt.			Tea	cher		Howard	County
5	13a ST		13b. COUN Howa:	TY	13c. CITY OR TOWN Columbia	N)	13d. INSIDE CITY LIMITS? YEST NO	13e. STRE	et address 947 Eight	Bella	s Lane	
0		THER'S NAMI		MIDDLE	Dorwin		15. MOTHER'S MAIDE FIRST Lila	NAME	MIDDLE	Bı	ullard	
1		VAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY	NO.	17. INFORMANT		1094PDE	light I	Bells L	ane
	,,,	no		WAR OR DAILOY	7		Donald E. F	renc	h Columbi	a, Man	ryland	21044
			OF DEATH (Enter on	ly one cause per line			F TIPE STORY				APPROXIM BETWEEN OF	NATE INTERVAL
		PARITO		TE CAUSE (a)	Multiple inj	jurie	es					
	1	813	ens, if ony, which	DUE TO, OR	AS A CONSEQUENCE O	F						
		gave ri	ise to immediate	(b)								
		lying car) stoting the <u>under-</u> use last.	DUE TO, OR	AS A CONSEQUENCE O	F					183	
		PART 2 OTHER C	ICHIEICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TERMIN	NAI BICCACI	T AD CANALTIAN CIVIN IN BALL	DT 1 /				
	z	PART 2 OTHER 5	ionificant conditions	CONTRIBUTION TO DEATH	OF NOT RELATED TO THE TERMIN	ANT MISENSI	E OK CONDITION GIVEN IN PAR	KI ((a).				
_	CERTIFICATION	19a. DATE OF	FOPERATION	19b. CONDIT	ION FOR WHICH OPERA	TIONW	'AS PERFORMED?				20. AUTOP	SY?
1	FIC										YES X] NO []
33	ERT		AL CAUSE WAS	21b. TIME OF		21c. HC	OW INJURY OCCURRE	D LENTER NA	ATURE OF INJURY IN ITEA	18 PART 1 OR P	ART 2)	
	ALC	UNDERLYING	G OR ING CAUSE OF I	DEATH 5:55	MONTH DAY YEAR	Dri	iver in aut	to-fi	xed object	t impa	act.	
	MEDICAL	214 INDUDY	OCCUPPED	21e PLACE C			CATION		ACITY COPECONAL		OUNTY 7	256.2016
	Σ	AT WORK	NOT WHILE	x road	ORY, FARM, ETC.)	Ower	Brown Rd.	. & R	t. 29	H	oward	Md.
				e of the remains desi	ribed abave, held on	Autop	sy X , Inspection	n .	Inquiry ,	and in my a	pinian	
		death result		ral couses ,		ide X		Undete	rmined monner],		
			٨	00	n		TITLE (SPECIFY)					
		SIGNATURE	M	NY	~	M	D Assistant	L_MEDK	CALEXAMINER	DATE	IED 4-1-	79
2		EXAMINER'S (TYPE OR PRI		nn M. Dixo	on, M.D.		ADDRESS	L Pen	n St.			
	23a.Bl	URIAL, CREMA	ATION, REMOVAL 2	3b. DATE	23c. NAME OF CEM	ETERY O	R CREMATORY	23d. LOC	CATION	co	UNTY	STATE
		crema		4/3/79	Westview	Mem	orial Park	Cato	nsville,	alto.	Maryla	nd
		UNERAL DIREC		ADDRESS	t City, Maryl	1 au 3		KEC'D. BY	REGISTRAR 25b. R	EGISTRAR	SIGNATU	Bush
	2T	HON FUI	neral Hom	e, EITICOL	colty, Mary	Land	×1045	APR	90 1979	pur	7	1
									•		0	1/4

60160-61 The Company of the Co The first and a common former . The common of the common o the state of the s CONTRACTOR OF STREET ST TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 721 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

attending physicion

medicol exbe

injury, or other troumotic event, the

IMPORTANT: If hem 21 is marked or Item 18 shows ony

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09710

1-	STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF	DEATH	IENE	REG. N	79-	091	10	
	CEASED NAME	FIRST	A	AIDDLE	L	AST		20 DATE OF	DEATH	MONTH	DAY YEAR	2b. F	IOUR
		LEO		J.	Н	EYS		AFARIL	14,	1979			I A M
3 SE	X		RACE		5. DATE C		YEAR	& AGE (IN YE	ARS LAST BIR	THDAY)	MONTHS DA		DER 24 HRS
	Male		Cauc		Dec.	18, 1	897 8	81		YRS			RS MIN
7m. 81	RTHPLACE (STATE OF	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER	MARRIED		-	_	Y OF DEATH		
_	Indiana		USA		WIDOWE	0 0	ONORCED	H	owaro	Coun	ty		MD.
	ity or town of D Dlumbia	EATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A Cedar Lan	ADDRESS)		NOITUTITE	120 USUAL C (TYPE OF WORK Reti:	K FOR MOST C		FE) INDUST	RY	port
130.5	AL RESIDENCE (FNE STATE Bryland	136 COUNT HOWAI	TY	GNE RESIDENCE REFORE 13c. CITY OR TOWI Columbia		13d INSIDE YES [CITY LIMITS?	13e. STREET . 549		ar La	ne, Ap	t. 3	305
I4. FA	Joseph	M	IDDLE	Heys, Neves		15. MOTHER	r'S MAIDEN NA/ FIRST	ΜĒ	MIDDLE		Van Al	len	
Ián V	VAS DECEASED EVE	R IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	,	\$.	ADDR	ESS			
(,	res, no or unknown)	(IF YES, GIVE	WAR OR DATES)	061-03-	8361	Mrs.	Leo J.	Heys,	5495	Ceda	r Lane	Apt	. 305
	IL CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), and	d (chi)						BETWI	ROXIMATE I	NTERVAL AND DEATH
	PART I. DEATH		CAUSE (a)	Respira	tory	are	st						
	499		DUE TO O	R AS A CONSEQUE	NCE OF								
	Conditions, if or	y, which	((b)	Emphy		-							
	gave rise to in		DUE TO O	R AS A CONSEQUE	NCE OF								
	underlying cou		100210,01	AS A CONSEGUE	NCE OF								
	PART 2 OTHER SIG	GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	E OR CON	IDITION GI	VEN IN PAR	1(a)	
NO									2 0 2 0				
ATE	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	DPSY?	20b. IF YE	S, WERE FIN	DINGS	JSED
CERTIFICATION								YES 🗆	NOD		IFYING CAU		EATH?
	210. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW I	NJURY OCCURE	RED (ENTERNA	TURE OF INJU	RY IN ITEM 18,	PART 1 OR PART	2)	
MEDICAL	21d INJURY OCCU	RRED WHILE	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCAT STREET			CITY OR TO	WN	COUNTY		STATE
	220 I certify that	this hospite	al) attended the		Sumi	ner	19 78	to	ir e sen	A	19	_, that (I) (we) last
	sow the deced abave, (I) (we)		tebrues		. on	d that in (my	r) (our) opinian o	death occurre	d on the d	ote and ho	ur and from	the couse	s stated
	22b. SIGNATURE	n7	Male	ne	1	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA		22c. Di	TESIGN	179
	22d. PHYSICIAN'S I	NAME (TYPE OR		ron E a	11)	22e ADDRE		MBI	A	ND	210°	19	

DHMH-16 20M (VRA 15, 4) 7/78

BP

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation 4/16/1979

23c. NAME OF CEMETERY OR CREMATORY Westview Cemetert

23d LOCATION CITY OR TOWN Catonsville

Maryland STATE

24 FUNERAL DIRECTOR 1030 Edinoridson Ave., Sutonsville, 250 DATE REC'D. BY REGISTRAR 255 TO ATTACK SIGNATURE Wit 286 Funeral Home of Catonsville, P.A. 21228 APR 16 1979

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

BP. **DHMH-17** (VR A15 ME (5)) 30M 7/73 FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-19711

		MEDICAL EXA	MINER'S CERTIF	ICATE OF DEA	REG.	NO.	
1. DECEASED NAME	FIRST	MIDDLE	LAST	,	20. DATE KNOWN OF ESTI-	MONTH DAY	YEAR 2b. HC
ISF.	MEND		t	+166	DEATH MATED	1 4-10,	979
3. SEX	CAU S DA		T BIRTHDAY) MONTHS DAYS	HOURS MIN.	2c. DATE PRONOUNCED DEAD	4/20	9 79 7.4
7a. BIRTHPLACE (ST/	TE OR 7b. C	ITIZEN OF WHAT COUNTRY?	18 _	EVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DE	
Maryland		U.S.A.	WIDOWED -	DIVORCED	Howa	Ed Com	A,
Columbia	a ple	NAME OF HOSPITAL, NURSING FNOT IN SUCH FACILITY GIVE STREET AD AWARD DULLA L	HOME, OR OTHER INSTITUTE PRESS)	FORA	JAL OCCUPATION (T MOST OF WORKING LIFE) nician Agr	riculture	D OF BUSINESSINDUSTRY researce
USUAL RESIDENCE (130. STATE Maryland	F IN NURSING HOME OR OTHER 13b. COUNTY HOWA	R INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TO Dayte	OWN 13d INSIDE	CITY LIMITS? 13e STRI	EET ADDRESS		
14. FATHER'S NAME FIRST J. Roy	Hill MIDD		15. MOT	HER'S MAIDEN NAME FIRST B. Hi		LA	ST
	EVER IN U.S. ARMED FO	DATES)	CURITY NO. 17. INFO		ADDRE		36
18. CAUSE OF	DEATH (Enter only one ATH WAS CAUSED BY:	cause per line far (a), (b), and (c).)				ROXIMATE INTERV
	VIFICANT CONDITIONS CONTRIB	(c)BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1 (a).			
2 190. DATE OF 0	PERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED?			ITOPSY?
210. EXTERNAL UNDERLYING		216. TIME OF INJURY HOUR A.M. MONTH DAY		RY OCCURRED (ENTER P	NATURE OF INJURY IN ITEM		S D NO
CONTRIBUTION	G CAUSE OF DEATH		19				
UNDERLYING CONTRIBUTION 21d INJURY OF WHILE AT WORK	G CAUSE OF DEATH		19		CITY OR TOWN	COUNTY	ST
AT WORK	G CAUSE OF DEATH CCURRED NOT WHILE AT WORK that I taok charge of th	P.M. 21e. PLACE OF INJURY (AT HISTORY, FACTORY, FARM, ETC.)	19 211. LOCATION STREET	Inspection Dispersion of the Under		COUNTY and in my apinian	ST
AT WORK 220. I certify	G CAUSE OF DEATH CCURRED NOT WHILE AT WORK that I taok charge of th	P.M. 21e. PLACE OF INJURY (AT HISTORY, FACTORY, FARM, ETC.)	19 211. LOCATION STREET Id an Autapsy , Suicide , Han	(SPECIFY)	Inquiry		\$1 `~~`∫
220. I certify death resulte ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	COURRED NOT WHILE AT WORK I that I taok charge of the d fram: Natural cau NAME The ma	P.M. 21e. PLACE OF INJURY (AT HISTORY, FACTORY, FARM, ETC.)	19 211. LOCATION STREET Id an Autapsy , Suicide , Han	SPECIFY) Line Specific Medical Medica	Inquiry IX ermined manner ICAL EXAMINER ICAL EXAMINER	and in my apinian],	20-) 543
220. I certify death resulte: ACTUAL SIGNATURE EXAMINER'S N	G CAUSE OF DEATH CCURRED NOT WHILE AT WORK that I taok charge of the d fram: Natural cau Natural cau NAME The mail ON, REMOVAL 23b. DA Apri	P.M. 21e. PLACE OF INJURY (AT HIS STREET, FACTORY, FARM, ETC.) The remains described above, helpses Accident , Accident	19 211. LOCATION STREET Id an Autapsy , Suicide , Han	SPECIFY) MED STORY APROXIMATION	Inquiry A permined manner CAL EXAMINER CATION CATION	and in my apinian DATE SIGNED 4 MA 2/1	20-)

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled within 721 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the

29

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	0	9	7	1	2	
DE	0	10						

	REGISTRAR				CERTIF	FICATE OF	DEATH	RF	G. NO.	31.1-	
	EASED NAME	FIRST		WIDDLE		LAST		20 DATE OF DEAT		DAY YEAR	2b HOUR
INFE	R PRINT)	ARTHUR	1	D.	HJ	LITON			April	21,1979	9 1:30 PM
3. SEX		4	RACE			OF BIRTH	****	6. AGE (IN YEARS LAS	ST BIRTHDAY)	IF UNDER 1 YEAR	F UNDER 24 HRS
1	MALE	Marie 1	WHITH	Ε .	APRI		, 1901	77 YEAR	S YRS	MONTHS DAYS	HOURS MIN.
7a BIRT	THPLACE ISTATE OF	JR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	EXX NEVER		9 BALTIMORE CIT			
	ONTANA		U.S.A	Α.	WIDOWE		DIVORCED [HOWARD	COUNTY	7	4 MD.
10 CITY	Y OR TOWN OF D	DEATH 1	1. NAME OF	HOSPITAL, NURSIN	NG HOME			120 USUAL OCCU	PATION		PERVICEOR
	LKRIDGE		5741 N	MAIN STRE	EET			POSTAL			POSTAL
USUAL 130. SJ	RESIDENCE (IF N	13b COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE	(E ADMISSION)		E CITY LIMITS?	13e. STREET ADDRE			
1	MD.	HOWARI		ELKRID		YES T	NOXX		AIN ST	REET	
14. FATI	THER'S NAME	MI	IDDLE		-1	15 MOTHE	R'S MAIDEN NAM			100	
	FRED		7012	HILTON		F	HARRIET			BER	
	AS DECEASED EVI			166 SOCIAL SECU	JRITY NO.	17 INFORM	MANT	- Al	APT 1	5, SEABR	
	NO	, ,		167-36-0	661	MRS.	HARRIET				
1	8 CAUSE OF DE	ATH (Enter only	one cause per	r line far (a), (b), an	id (c))					APPROX BETWEEN	AMATE INTERVAL
	PARI I. DEATH	I WAS CAUSED I		Cardin	0 00	mor	rary a	irest	ETT		
	185-			R AS A CONSEQUE	ENCE OF		7			1.4	
	Conditions, if an		(b)_	metast	atic	pr	ostatic	- Carci	noma	143	2 450
1 1	gave rise to it	oting the	DUE TO, O	R AS A CONSEQUE	ENCE OF	1					0
	underlying cau		(c								N. H.
7 P	PART 2. OTHER SI	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATI	ED TO THE TERM	AINAL DISEASE OR C	ONDITION	GIVEN IN PART TH	PLeft
Į į L	D	iabet	es p	Yellit.	US	· Cer	reprov	Jascu av	r ac	cident	Chemipare
ICA II	90 DATE OF OPER	RATION	19b. CONDI	ITION FOR WHICH	OPERATIO	NWAS PERF	ORMED	20a AUTOPSY?	20b. IF Y	YES, WERE FINDIN	NGS USED
RT F						1-11	THE ST	YES NO		YES 🗌	NO 🗆
	210. ACCIDENT WAS L	1	HOUR A.	OF INJURY .M. MONTH DA	AY YEAR	21c. HOW	NJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 15	18, PART 1 OR PART 2)	METALLE
S L	(IF EITHER, NOTIFY MED	EDICAL EXAMINER)	P./	.M.	19						
AED S	216 INJURY OCCU		21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCAT STREE	ION	CITY C	OR TOWN	COUNTY	STATE
^	AT WORK LAT V	WORK -								D	or Healy
2	220.1 certify that				20		. 19		11111	19 19	that (I) (we) liss!
	abave () we	eosed alive on	view the bady	after death.			(aur apinian d	death accurred on th	ie date and hr	naur and fram the	couses stated
2	22b. SIGNATURE	1	1.	152.55		DEGREE	ATTENDANC	11501641	07.450	22c. DATE	SIGNED
	Cha	Mas 8	- AL	opy	1	10		MEDICAL DIRECTOR PH	STAFF IYSICIAN	14/6	20/79
. 2	22d PHYSICIAN'S	NAME (TYPE OR PE	RINT)			22e. ADDRE	ESS S+A	ignes 1	HOSPI	ital!	ŧ
	Cha	rles	E.61	reen t	10	900	Caton	Av. B	in 19.	MD	
23a. BUI	JRIAL, CREMATION	N, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OF	R CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	BURIAL		4/24/7	9 C	EDAR J		EMETERY	ANNE AF			ARYLAND
	NERAL DIRECTOR			ADDRES BA	LTO.,N	MD. 21	229 250. DATE	KEK DY BY REGYT	25b. REG	BARRES SAGNAT	SKE WAS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 60M 7/73 (VR A 15 (4))

BP.

executed within 24 hours oft

requires that the death certificate be

PHYSICIAN: The low

retained by the hospital or attending physician. OR ATTENDING

1 -	FOR STATE REGIS	rR
	EASED OR PRINT)	Z

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	_	0	9	7	1	3	
FC	NO							

V	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
1	1. DECEASED NAME FIRST (TYPE OR PRINT)		AST	2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	3. SEX	M J. Jare C	OF RIDTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
	Female	white month		45 YRS	MONTHS DAYS HOURS MIN
once.	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIET	D. NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
ō	MICHIGAN 10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME O	OR OTHER INSTITUTION	HOW I'VE USUAL OCCUPATION	12b. KIND OF BUSINESS C
notified	Columbia	LORIEN NURSING HOME	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	
st must be	USUAL RESIDENCE (IF NURSING HOME O 130. STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 136. CITY OR TOWN WTOOMEY SI VER SPRING	YES NO	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	INTRYSIDE COURT
examine	14. FATHER'S NAME FIRST HARRY	MIDDLE LAST LEMMEN	15. MOTHER'S MAIDEN NAMERIEST LUCILLE	MIDDLE	LANTNGA
	160. WAS DECEASED EVER IN U.S. AF	The state of the s	17 INFORMANT	ADDRESS	
medicol	-NO-	372-32-5995	MARVIN JAGE	R SAME AS 13	
t, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (4), (b), and (c)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ony injury, or	PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO DEATH BUT		20g AUTOPSY? 20b. IF YE	IVEN IN PART 1(a) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
18 shows	RITE			YES NO Y	ES NO
em 18 s	OR CONTRIBUTING TO CAUSE OF DE		ZIE HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
ked or H	WHILE ALWORK ALWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is mor	22a. I certify frot (1) (this hosp saw the deceased alive or	n / / DE 19 79 , or view the body after death.	nd that in (my)-(our) opinian o	to April 23 death occurred an the date and ho	
ANT: # Hen	Nature	Maybe mi)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 4-33-79
IMPORTANT	Charles E.	Taylor m)	5999 Herper's	, a cototor	-612 MD 2100
1	230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	4/27/79 WINCHES	TER CEMETERY	23d. LOCATION CITY OR TOWN GRAND RAPIDS	
77	14997416	ICIS J. COLLINS	25e. DAT	E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
	500 UNIV. BLVD. W.	SILVER SPRING MD. 20	901 AP	K 24 19/9	Tray / worky

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

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PENDEN SOLAND GRADE		F11.75	6-1-5/4	EURTAL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

death. Page 4 may be

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, crematian, or removal.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09714

	REGISTRAR													
		FIRST	MI	DDLE		LAST		20 DATE	REG. N OF DEATH	MONTH	DAY	YEAR	2h HOU	R
(1165	Edith		Ale	xina	Jol	nnson	LY IN			4	26	79	12:	00
3. SEX	x F	4 RA		100-11		E OF BIRTH	YEAR	6. AGE (IN	YEARS LAST BIR	(YACHT	-	ER I YEAR	IF UNDER	24 HRS
	F		Black		, m	09 20	21	57		YRS	MONTHS	DAY5	HOURS	MIN
	IRTHPLACE (STATE OR FOR	EIGN 7b. CI	ITIZEN OF W	HAT COUN	ITRY? 8.	RIED NEVER	MARRIED -	9. BALTIM	ORE CITY C	R COUN	ITY OF DI	EATH		
	Md.	1	15				NORCED	Hou	brand	6	unty			٨
10 CI	ITY OR TOWN OF DEAT				URSING HON	E OR OTHER INS	TITUTION		CCUPAT				F BUSINE	SSC
(Plumbia	HOL	word (Junty	Genera	Hospita	Setel	170	Self	Empi	oyka			
USU A	AL RESIDENCE (IF NURSING STATE)	G HOME OR OTHER		INE RESIDENCE		13d INSIDE (CITY LIMITS?	13e. STREE	TADDRESS			7		
_	Md.	Howar	-d	Ellic	ott	YES 🗌	NO 1	4030		Cent	RO	<u> </u>		
	ATHER'S NAME	WIDDIE		LAS	ī	15. MOTHER	S MAIDEN NAM	WE	WIDDIE			LAS	T	
_	lexander			Smith		Joann					Sr.	nith	1	
	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED I			SECURITY NO	P10		100	ADDR					
	No			2112	0653	o Alex	Smith	1 136	wes.	Ley				
	18. CAUSE OF DEATH PART I, DEATH WA	Enter only one	e couse per la	ne for (0), (bi, and (ci.)	. 11	4.0.87					BETWEEN	MATE INTER	VAL
		MMEDIATE CA	USE (0)	au	Eer o	The !	pauc	rea	1			6	lug	14
	15 9				/)	1							
	10//		DUE TO, OR .	AS A CONS	SEQUENCE O	F	*							
	Conditions, if any,	which (DUE TO, OR	AS A CONS	SEOUENCE O									
	gove rise to imme couse (a), stoting	which diote	(b) <u>.</u>		SEQUENCE O									
	gove rise to imme couse (a), stating	which diote	(b) <u>.</u>											
7	gove rise to imme couse (a), stoting	which diate the last.	(b) DUE TO, OR (c)	AS A CONS	SEOUENCE O	F	O TO THE TERM	INAL DISEA	SE OR CON	DITION (GIVEN IN	PART 1(c	31	
TION	gove rise to imme couse iol, stating underlying couse PART 2. OTHER SIGNII	which diate the lost.	(c)	AS A CONS	SEOUENCE O	F BUT NOT RELÁTEI								
ICATION	gove rise to imme couse (b), stating underlying couse	which diate the lost.	(c)	AS A CONS	SEOUENCE O	F		INAL DISEA		20b. IF	GIVEN IN YES, WER	E FINDIN	IGS USE	
RTIFICATION	gove rise to imme couse 101, stating underlying couse PART 2. OTHER SIGNII 19a DATE OF OPERATION	which diote the lost.	(c) (c) (DITIONS CONDITIONS	AS A CONS	SEOUENCE O	F BUT NOT RELATED TION WAS PERFO	DRMED	20a AUT	TOPSY?	20b. IF IN CER	YES, WER RTIFYING YES []	E FINDIN CAUSES	IGS USE	H?
L CERTIFICATION	gove rise to imme couse (a), stoting underlying couse PART 2. OTHER SIGNII 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDER	which diote the lost. FICANT COND RIYING 2	DUE TO, OR (c) DITIONS CON	AS A CONS	SEOUENCE O	BUT NOT RELATED TION WAS PERFO		20a AUT	TOPSY?	20b. IF IN CER	YES, WER RTIFYING YES []	E FINDIN CAUSES	IGS USER	H?
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1101 E. North Ave.

DHMH - 16 50M 7/77 (VR A 15 (4))

March F/H

BP.

retained by the haspital or attending physician.

Alexander Seith Horann Altina . gry 10 - 1 Alex Smitch 136 Men ev Ave.

Burgel 5/1/79 Western Som: Cem. Cettonaville, 18.

Sal. C. Merch T/H 1101 B. Morth Ave. ARRAIN 279 Action

DHMH - 17 (VR A15 ME (5)) 15M 7/76 FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7.9-09715

		REGISTRAR		7712	DICAL EXAMI	AFK 3	CERTIFICATE	OI DE	REG. NO.		
		EASED NAME	FIRST		MIDDLE		LAST		20. DATE KNOWN MONTH	DAY YEAR	26 HOUR
	(ORTRATT	William	Λ.	dam	Klu	777		DEATH MATED 1 4-	10 1079	AA
	3. SEX	[4	I. RACE	5. DATE OF BIRTH	6. AGE (IN Y			R 24 HRS.	2c. DATE MONTH	DAY YEAR	2d. HOUR
				MONTH DAY	YEAR LAST BIRTH	DAY) MON		MIN	PRONOUNCED //	2	945
	ma		white	Feb. 26		YRS.			DEAD 4-10	19/7	D W
1		RTHPLACE (STA	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARE	HED MEVER MAR	RIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
0	Pe	nna.		U.S.A.		WIDO	VED DIVOR	CED	Howard County	r	MD.
~		Y OR TOWN C	OF DEATH		SPITAL, NURSING HOM		HER INSTITUTION	12a. US	UAL OCCUPATION (TYPE OF WORK	OR INDUSTR	SINESS
0	0	olumbia			vramid Way)			MOST OF WORKING LIFE)	Gulf Oil	
				R OTHER INSTITUTION, GI		SION)		-			
6	13a. ST		13b. COUN		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STR	REET ADDRESS		
4		ryland	Howar	'd	Columbia		YES NO X		725 Pyramid Way		
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DENNAM	E MIDDLE	LAST	
50		Adam		W.	Klump		Charlo	tte	A.		
1			EVER IN U.S. AR		166. SOCIAL SECURI	ITY NO.	17. INFORMANT		6729 Pyrami	d Warr	
1	(YE	S, NO, OR UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)	163 01 423	37	Kathryn M	. K711	ump Columbia, M		270//
						-	Pictoria yrr in	. ALLU	mip COLUMNIA, M	APPROXIMATE	
63		PART I DE	ATH WAS CAUSE	y one couse per line	for (o), (b), and (c).)	1	0/	4.6.	1 2	BETWEEN ONSE	I AND DEATH
		114 =		E CAUSE (o)	MOSCH	10170	arcon	·V430	Mar Ulson		
		429	2	DUE TO, OR	AS A CONSEQUENCE	OF					
	-		s, if ony, which	(4)						L X 25 L	
			e to immediate stating the under-	(b)	AS A CONSEQUENCE	OF					
		lying cous	e lost.							A TAX CALL	
		DARY D OVIER CIE	MILICIAIT COMPUTANC	(c)							
	7	PARI Z UINER SIG	MILICAMI COMPILIONS	UNIXIBUTING TO DEATH	RUT NOT RELATED TO THE TER	CAINAL DISEA	SE OR CONDITION GIVEN IN I	PART 1 (a).			
	CERTIFICATION										
	CAI	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPE	ERATION V	VAS PERFORMED?			20. AUTOPSY?	1
2	Ē			350 350 5						YES 🗌	NO B
5	E E	210 EXTERNAL		21b. TIME OF			IOW INJURY OCCUR	RED LENTER	NATURE OF INJURY IN ITEM 18 PART 1 OR PA	ART 2)	
2		UNDERLYING	OR IG CAUSE OF I		A. MONTH DAY YEA	AR					
	MEDICAL	21d IN ILIRY O	CCURRED		OF INJURY (ATHOME,	21f 1 C	CATION				
	ME	WHILE -	NOT WHILE		TORY, FARM, ETC.)	211. 60	STREET		CITY OR TOWN CO	YTAUC	STATE
	074	WHILE AT WORK	AT WORK	1							
	15			e of the remains de	scribed abave, held an	Auto	osy Inspecti	ion K	Inquiry X ond in my o	pinion	
		death resulte		al couses X,		uicide _	Homicide .		termined manner		
	47.1	geam resulte	a from: Noto	or couses [44],	Accident L., 3	ouicide L		2 Unde	rermined monner,		
		ACTUAL ~	Va 1	01	7.1.X		TITLE (SPECIFY)	4	DATE	411	24
-		SIGNATURE	July 1	M X	terren	/	A.D. Total	7_MED	DICAL EXAMINER SIGN	ED /	17
7		EXAMINER'S N	JAME MI	TI 37	1 - 1 1/ D		21	/			- 10
04		TYPE OR PRIN	Inom	as r. Her	bert, M.D.		ADDRESS Churc	ch Ro	ad, Ellicott Cit	y, Md. 21	.043
74	230. BL	JRIAL, CREMAT	ION, REMOVAL 2		23t. NAME OF C	EMETERY (OR CREMATORY	123d. LC	OCATION COLOWN COL	JNTY ST	TATE
	(3)	buri	al	4/13/79	Holy S	epul	chre	Phi	ladelphia.	Panna	
		INERAL DIRECT					25a. DATI	E REC'D. B	Y REGISTRÁR 256. REGISTRAR'S		
	STA	CK Fune	eral Home	Ellicot	t City, Mary	vland	21043		ين النو	try proli	sade
		-11 1 WIN	1107110	,	J J J			APD	1 6 1979 Just	77/1	=
								8 34 E	170 1010		

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DHMH - 17 (VR A15 ME (5)) 15M 7/76

FOR T - STATE

	STAT	E OF	MARY	AND		
DEPARTMENT	OF H	EALT	H AND	MEN	TAL	HYG

79-09716

	R	REGISTRAR		MILL	ICAL EXAMINA	EK 3 C	EKTIFICA	ALL OF L	REG. NO.		
		EASED NAME OR PRINT)	gil	Harry	Neal	-	AST (/EAL) 20. DATE KNOWN OF ESTI- DEATH MATED	4-26 197	G 2b. HOUR
	3. SEX		RACE	5. DATE OF BIRTH	6. AGE (IN YEA			UNDER 24 H		MONTH DAY Y	EAR 2d. HOUR
	ma	ale	white	11/18/29	YEAR LAST BIRTHDA		S DAYS	IOURS MIP	PRONOUNCED 4	26 107	19 84
	7a. BIR	THPLACE (STAT	E OR	76. CITIZEN OF WHA			D THEVE	D AA A DOIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	H
54		ssouri		USA		WIDOWE	_	DIVORCED	Howard Co	unty	MD.
		Y OR TOWN O	FDEATH	11. NAME OF HOSP	ITAL, NURSING HOME	, OR OTHE	R INSTITUTIO	ON 12a	USUAL OCCUPATION (TYPE O		F BUSINESS
0		llicott		5014 AJ	Lice Ave.			De	pt cor of medial		yal
1	USUAI 13a. ST		IN NURSING HOME O		RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN) (MC)	13d. INSIDE CITY		giene Supt.		100
0	Ma	aryland	How	ard	Ellicott C	ity	YES 🗌	NON !	5014 Alice Ave		
30	14. FA	THER'S NAME FIRST OSCAT		MIDDLE	Neal		15. MOTHER' FIRS Be		AME	Neal	
7			EVER IN U.S. ARA	NED FORCES?	166. SOCIAL SECURITY	NO.	17. INFORMA	NT	ADDRE291	403	
		9 S	Kore	7. 7	499-20-4	963	Norm	a S.	Neal, Ellic	ott City	. Md.
	NOI	Canditions, gave rise cause (a) st	IMMEDIAT if any, which to immediate tating the under-	E CAUSE (a). DUE TO, OR A (b). DUE TO, OR A	or (a), (b), and (c).) YAS A CONSEQUENCE)F	d, he	eq d	a);		MATE INTERVAL NNSET AND DEATH
2	IIFICATI	190. DATE OF C	PERATION	19b. CONDITI	ON FOR WHICH OPER.	ATION WA	AS PERFORM	ED?		20. AUTOF	
3	CALC	21a. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC	OR G CAUSE OF E		MONTH DAY YEAR	Sei	HINDURY O	iched 1	NTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	
	ME	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTO	DRY, FARM, ETC.)	50%	14 Als	ce An	e. Ellicott Cy	by Thouse	6. MD.
			that I took charg	(40)	ribed abave, held an Accident , Sui	Autops icide .	Homicid	CIFY)	Inquiry , and Indetermined manner ,	DATE SIGNED 4/2	7/79
0	-	EXAMINER'S N	AME Thom	as F. Her	bert, M.D.	/	ADDRESS_C	hurch	Road, Ellicott	City, Mary	land
		JRIAL, CREMATI	ON, REMOVAL 2	3b. DATE	23c. NAME OF CEA	METERY OF	R CREMATOR	Υ 2	3d. LOCATION CITY OR TOWN	COUNTY	STATE
		urial		April 29	.79 Comps	Cem		r J-	lyndman RD#1	Somerset	Co.Pa
		NERAL DIRECT		Ler Hyndi	man, Penn	sylv		15MA	D. BY REGISTRAR 1256. REGI	APP SIGN HIRE	ready
	-										

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directions about be detached for use as the buriof-transit permit. Then please remove carbon appers. Pages 1 and 2 should be filled within 72 hai with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L		JACO		WERNEYK		SSIN	4	1 8	79	3:25%
3	SEX	MALE	4 RACE	ITE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDA		INDER I YEAR	HOURS MIN.
70	BIR	RTHPLACE ISTATE OR FOREIGN DUNTRY) LOUISIANA	76 CITIZENO	F WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR C			^
		LUMBIA	(IF NOT IN S	HOSPITAL, NURSI UCH FACILITY, GIVE STREE COUNTY 66	ET ADDRESS)	OR OTHER INSTITUTION	129 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR WORK FOR WORK FOR WORK FOR WORK FOR		126. KIND C INDUSTRY WEST	INGHOUS
5 13	3a. S1			131. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 4045 HIGH PC	YNT RI) #	21043
30		THER'S NAME LOUIS	MIDDLE	PESSIN		15 MOTHER'S MAIDEN NAME BETTIE	MIDDLE	_		SAKON
160	(YE		RMED FORCES? VE WAR OR DATES) I I -NAVY	166 SOCIAL SEC 436-32-		RD., ELLIC	RUTH PESSINS OTT CITY, MD			POIN
		Conditions, if ony, which	TE CAUSE (o)	CARCINON OR AS A CONSEQU	NH OF	PROSTATE			3	'YRS
CATION		IMMEDIA	DUE TO,	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF		20a AUTOPSY? 20	Db. IF YES, W	IN PART 1(c	NGS USED
AL CERTIFICATION	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, DUE TO, CONDITIONS (19). CON 190. CON 210. TIME HOUR /	OR AS A CONSEQUENCE ON TRIBUTING TO DITION FOR WHICH	UENCE OF UENCE OF DEATH BUT H OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? 20	Db. IF YES, W N CERTIFYIN YES [IN PART 10	3)
MEDICAL CERTIFICATION	AEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	DUE TO, DUE TO, CONDITIONS (19b. CON 21b. TIME HOUR 21c. PLACE	OR AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, W N CERTIFYIN YES [IN PART 10	NGS USED OF DEATH?
	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTHY MEDICAL EXAMINE AT WORK AT WORK 22a. I certify that (b) the sow the deceased alive of sow the deceased alive of some results of the source of the s	DUE TO, DUE TO, CONDITIONS (19b. CON 19b. CON 21b. TIME HOUR 21c. PLAC (AT HOME, S)	OR AS A CONSEQUENCE ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH E OF INJURY TREET, FACTORY, OFFICE.	UENCE OF UENCE OF DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS	200 AUTOPSY? 20 10 10 10 10 10 10 10	Db. IF YES, W. N CERTIFYIN YES [IN PART 1(c) FERE FINDING CAUSES OF PART 2) COUNTY	OF DEATH? NO STATE
	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTHY MEDICAL EXAMINE AT WORK AT WORK 22a. I certify that (b) the sow the deceased alive of sow the deceased alive of some results of the source of the s	DUE TO, DUE TO, DUE TO, CONDITIONS (19b. CON 19b. CON 21b. TIME HOUR 21c. PLAC (AT HOME, S) 19b. view the bod	OR AS A CONSEQUENCE ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH E OF INJURY TREET, FACTORY, OFFICE.	UENCE OF UENCE OF DEATH BUT H OPERATIO DAY YEAR 19 19 1, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS 211 LOCATION STREET , 19 nd that in (my) (a) opinion of DEGREE ATTENDING	200 AUTOPSY? 20 10 10 10 10 10 10 10	Ob. IF YES, W. CERTIFYIN YES [I ITEM 18, PART	IN PART 1(c) FERE FINDING CAUSES OF PART 2) COUNTY	NGS USED OF DEATH? NO STATE

BP. DHMH - 16 60M 7/73 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		CEASED NAME	FIRST	MI	DOLE	LA	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1-1	litte	OVERWILL	Nellie		L.	Ri	ley		April	4, 197	9 82:
	3. SE)	X		RACE	THE I	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST	_	IF UNDER 1 YEA	R IF UNDER 2
		Female		Whit	e	Dec.	6. 1892	86 years	YRS	MONTHS DAY	HOURS
		RTHPLACE (STATE OR I	FOREIGN 7b	CITIZEN OF W	HAT COUNTRY?	8		9 BALTIMORE CIT			
35	CC	Maryland		U.S.	Α.	WIDOWEI	NEVER MARRIED O	Howard (County		
00	10 CI	TY OR TOWN OF DE Elkridge		I. NAME OF HO		NG HOME O	ROTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO Housewife	ATION STOF WORKING	126. KIND	OF BUSINES
35	USU A 13a. S	AL RESIDENCE (IF NUR STATE Md.		THER INSTITUTION, G		E ADMISSION)	13d INSIDE CITY LIMITS? YES: NO XX	13e. STREET ADDRES	SS	Avenue	2122
130	14 FA	THER'S NAME FIRST Frederi		DDLE	Shinnan	non	15. MOTHER'S MAIDEN NO. FIRST Ella				AST
		VAS DECEASED EVER			66. SOCIAL SECU		17. INFORMANT	AD	DRES1kr	idge 21	227
	(Y	NO NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	215-16-	2884	Mrs. Irma E.				
		Conditions, if ony gove rise to im cause (a), state	mediate	DUE TO, OR .	as a consequ	ferr	villas of	2		22	121
	CATION	gove rise to im	mediate ng the e last. NIFICANT CO	DUE TO, OR A	AS A CONSEQUENTRIBUTING TO	ENCE OF A TO	victor of an and of the terms o	ations MINAL DISEASE OR CO	20b. IF Y	YES, WERE FIND	INGS USED
2	CAL CERTIFICATION	gove rise to imcouse (a), state underlying cause	Interior CO	DUE TO, OR, (c) NDITIONS CONDITI	AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	ENCE OF A TO	NOT RELATED TO THE TER	20a. AUTOPSY? YES NO	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES	PINGS USED ES OF DEATH
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9		gove rise to im couse (a), stoti underlying couse PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOT WAT WORK IN NOT WAT WAT WORK IN NOT WAT WAT WAT WAT WAS AND WAT	IMEDIATE CONTROL OF THE CALLER AND CONTROL OF DEATH CALLER AMINER) WHILE CALLER AMINER WHIL	DUE TO, OR (c) INDITIONS CON 19b. CONDITI 21b. TIME OF HOUR A.M. 21e PLACE OI (AT HOME, STREE	AS A CONSEQUIDATION FOR WHICH INJURY MONTH D FINJURY ET. FACTORY, OFFICE, I	ENCE OF DEATH BUT II OPERATION AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCUI 211. LOCATION STREET d that in (m) (our) opinior DEGREE ATTENDING	200. AUTOPSY? YES NO CITY OR On the control of the control of the control of the control on th	20b. IF Y IN CER	VES, WERE FIND TIFYING CAUSE YES 8. PART 1 OR PART 2) COUNTY , 19	STA
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ATTENDING PHYSICIAN: The

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page should be detached far use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filed within 72 hours after defined with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval.

WPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the medical examiner must be natified ot ance.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - STATE REGIS			DEPARTI		EALTH AND MENTAL HYG	TENE 7	9-09	1715	3
1. DECEASED			MIODLE	i	LAST	20. DATE OF DEATH		YEAR	2b. HOUR
(**************************************	Saral	1 Ethel	Ritter			April 26			lasm
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	THS OAYS	HOURS MIN.
Fema	ale	White		Sept		76	YRS.		
76. BIRTHPLA	CE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIORCED	BALTIMORE CITY C	_	DEATH	MD.
	OWN OF DEATH	11. NAME OF	HOSPITAL, NURSING PRACILITY, GIVE STREET Hunt C	ADDRESS)	or other institution	12a USUAL OCCUPAT (TYRE OF WORK FOR MOST OF HOUSEWILE	ON OF WORKING LIFE)	126. KIND O INDUSTRY	F BUSINESS OR
USUAL RESID 130. STATE Mary	DENCE (IF NURSING HOME O 13b. COU Land Hot		13c. CITY OR TOW Elkridge	/N	13d INSIDE CITY LIMITS? YES NO M	130 STREET ADDRESS 6026 Hunt	Club Ro	ad	
14. FATHER'S	NAME Les John Ticl	APOLE CLE	LAST		15. MOTHER'S MAIDEN NAME Tate Sa			LAS	T
YES, NO OF	CEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT Willie Coate	abdr es Page 7731	200		
Candi gave cause	USE OF DEATH (Enter of RT I. DEATH WAS CAUS IMMEDIA itions, if any, which rise to immediate (a), stating the rlying cause last.	TE CAUSE (a) DUE TO, C (b) DUE TO, C	OR AS A CONSEQUENCE OF AS	ENGE OF	Mascula miteax a	of ago	aso	7-1	MATE INTERVAL DNSET AND DEATH
NO	2 OTHER SIGNIFICANT TE OF OPERATION	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	200. AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	NGS USED
	CCIDENT WAS UNDERLYING [NTRIBUTING] CAUSE OF DE	ATH HOUR A		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
WHILE AT WORL	JURY OCCURRED NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN (COUNTY	STATE
22a.1 c so ab 22b. Sla	wetify that () (this hasp w the deceased alive a pave () (we) did (did n GNATURE HYSICIAN'S NAME (TYPE	n And the bad	y after death.	-	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 35 25	/	ate and haur an	,	
230. BURIAL,	CREMATION, REMOVA		23€		cemetery or crematory roridge	23d. LOCATION CITY OR TOWN	Howard	, Mar	yland
24. FUNERAL Harry	DIRECTOR	4112 Cc	lumbiäsR	ad El	Tigott Ctty -	PR 3 0 1979	0.1	SSIGNAT	abready.

APR 3 0 1979

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 should be filled within 72 hours after the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

certificate be executed

death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician medical examine

IMPORTANT: If Nem 21 is marked or Item 18 shows any injury, ar other traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09720

١	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	09720
	DECEASED NAME FIRST (TYPE OR PRINT)	Edwin	ROBŦ	KISON	20 DATE OF DEATH MONTH	2 79 6 SAM
3	. SEX	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ı	Male	White	8	5 99	79 YRS	
7	6 BIRTHPLACE (STATE OR FOREIGN	78. CITIZEN OF WHAT COUN	NTRY? B	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF PEATH
	Maryland	U.S.A.	WIDOWE	D DIVORCED		nol MD.
ľ	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY Union Organize:
L	Sykesville, Md.	Springfield		Center	Retired	Union Organize
1	JSUAL RESIDENCE (IF NURSING HOME C 36. STATE 135 COU Maryland Wa	INTY 13c CITY OF	e before admission) r town 15 boro	134. INSIDE CITY LIMITS? YES NO 🗌	13e. STREET ADDRESS 9 Della Lane	
1	FATHER'S NAME FIRST Joseph	Roberts	-	IS MOTHER'S MAIDEN NAME FIRST Drucilla	WE	Foote
ī	60. WAS DECEASED EVER IN U.S. A	RMED FORCES? 168. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS	
ł	No		-09-6504	Medical Re	cord, Springfie	eld Hosp. Center
	PART I. DEATH WAS CAUS	DUE TO, OR AS A CON	SEQUENCE OF	e hyperhaps	ty eclin '	APPROXIMATE INTERVAL BETWEEN GISET AND DEATH Jum much Jean Me Speac
	PART 2. OTHER SIGNIFICANT 196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION LIVE CONDITION FOR M	obolily m	NOT RELATED TO THE TELM	IN CER	VES, WERE FINDINGS USED THYING CAUSES OF DEATH? YES \(\text{VES} \)
	OR CONTRIBUTING CALLES OF D	EATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	
	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive a object (1) two (did) (did r 27) JGNA (URE	hot) view the body ofter death.	19 77 , 01	DEGREE ATTENDING PHYSICIAN	death occurred an the date and h	19 ZZ, thoy (i) (we) lost our and from the couses stated 22c. DATE SIGNED 4.22-79
	IR PAN S	ESENDAL.		S PRING FIELD) HOSP-CENTER	SYKESVILLE MED
L	230. BURIAL, CREMATION, REMOVA (SPECEY) Burial	23b. DATE 1- 24- 79		emetery or crematory or Cemetery	Boonsboro, Wa	ash. Co., Md.
1	John H. Bast, J	Jr. Boonsbore	o, Maryl	and 21713	FR 285 1979 256. REP	Hay Me Bready

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral diring should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hauwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pa

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTII	ICATE OF DEATH	REG. N	0.				
	ECEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY Y	EAR	2b. HOL	JR
``	GOI	DIE M.	STRAHIN			April 17,	1979			2:0	OA
3. SE	EX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	THD AY)	IF UNDER	DAYS	IF UNDER	24 HR
	Female	White		Apri		49	YRS.				
7a. 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY O			TH		
10. C	Ellicott City	9285	old Montg	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF H ousewi	ION OF WORKING L	12b. K		F BUSIN	
USU 13a W	JAL RESIDENCE (# NURSING HOME O STATE NE COU Virginia	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Martinsb		13d INSIDE CITY LIMITS?	13. street address 109 Swartz	St.				
14. F.	Tather's NAME Late George Nunl	ey ey	LAST		15. MOTHER'S MAIDEN NAME LATE Ida	Hicks MIDDLE			LAST		
160.	WAS DECEASED EVER IN U.S. AF		226 40 2		David F. Str	ahin 109 Sw					
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per	line for (a), (b), and	1 (c).)	^			BET	PPROXIA	MATE INTE	DEAL
TION	PART 2. OTHER SIGNIFICANT ASCUTAS			Jon.							
S	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	1 20b. IF YE	S, WERE F		GS USE	
Ē						YES NO	IN CERT	IFÝING CA	USES (_
CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	DF INJURY .M. MONTH DA .M.	YEAR	21c HOW INJURY OCCURP		IN CERT	IFYING CA		OF DEA	_
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DE	HOUR A. P. 21e. PLACE	M. MONTH DA	19	216. HOW INJURY OCCURE 216. LOCATION STREET		IN CERT Y RY IN ITEM 18.	IFYING CA	ART 2)	OF DEA	_
	OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a-1 certify tho (1) (this hosp sow the deceased dive or obove, (1) (we) (did) (did in the component of the compon	ATH HOUR A. 2) P. 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA THE decepsed from 19	ARM, ETC.)	21f. LOCATION STREET . 19 79 dd thot in (my) (our) opinion d	CITY OR TO	IN CERT Y RY IN ITEM 18.	IFYING CA	IY , t	OF DEA' NO [TATE
	OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify the (I) (this hosp sow the decessed olive or obove, (I) (we) (did) (did not	ATH HOUR A. P. 21e. PLACE (AT HOME, ST. itol) ottended the property of the body	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA THE decepsed from 19	ARM, ETC.)	21f. LOCATION STREET 19 79 1d that in my (our) opinion of the control of the co	CITY OR TON CITY OR TON deoth occurred on the di MEDICAL STA DIRECTOR PHYSIC	IN CERT Y RY IN ITEM 18.	PART 1 OR PA COUNT 19 22c.	IY , t	NO [TATE
	OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify the (1) (this hosp sow the deceased olive or above, (1) (we) (did) (did not 22b. SIONATURE	ATH HOUR A.) P. 21e. PLACE (AT HOME, ST itol) ottended the property of the body of the	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA the decepted from the decepted f	ARM, ETC.)	21f. LOCATION STREET 19 79 1d that in my (our) opinion of the control of the co	CITY OR TON CITY OR TON CITY OR TON MEDICAL STA DIRECTOR PHYSIC	IN CERT Y RY IN ITEM 18. WN ote ond ho FF CIAN IN EXTER	PART 1 OR PA COUNT 19 22c.	IY , t	OF DEA' NO [TATE

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STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7.9 NO. 09722 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN X MONTH DAY YEAR 26. HOUR 1. DECEASED NAME

(BA	SS FF.	(TYP	E OR PRINT)	Michael	James: Ta	aylor	OF ESTI-	4 25, 79
Ca.	72 HOU ON STREI		male whit	5. DATE OF BIRTH MONTH DAY 77-16-1	6. AGE (IN YEARS OF LAST BIRTHDAY) 22 YRS.	UNDER 1 YR. IF UNDER 24 HRS	PRONOUNCED DEAD	4 25 19 79 5:10 p. M
VECESSA	S FOR YOUR YOUNG TO WITHIN 72		RTHPLACE ISTATE OR REIGN COUNTRY) NOVER, Pa.	U.S.A.	WIDO	RIED NEVER MARRIED X	Howar	d County
ELAY IS P	PAGE	E	TY OR TOWN OF DEATH	1-70 West	SPITAL, NURSING HOME, OR OT ACILITY, GIVE STREET ADDRESS) tbound-3/4miles	W of Patapoo	SUAL OCCUPATION ITYPE OF WORKING LIFE) Collegee Studen	OR INDUSTRY
21201 IF ANY D	RECORE RECORE	130 S M	TATE 1136	Mome or other institution, of COUNTY arroll	GIVE RESIDENCE BEFORE ADMISSION) 134 CITY OR TOWN Westminster	YES NO DE 26	TREET ADDRESS 30 Manchester	Rd.
MD. 2	AN		THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
RE, DE	AND OF VI		ilson Vas deceased ever in l	James	Taylor	Nova 17. INFORMANT	Faye S	Shearer
S AFTER	PAGES 1			res, give war or dates)	213-76-9238		Taylor same as	s #13
HOUR	NG WI NE, DIV		PART I DEATH WAS	nter anly ane couse per lin CAUSED BY: MEDIATE CAUSE (a)	re for (a), (b), ond (c).) Traumatic asphy	yxia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON THIN 24	ER ALO VSIT PEI L HYGIE DVAL.	7	Canditions, if any,	which DUE TO, O	r as a consequence of			
UTED WI	EXAMINER YENGIL IN	0	gave rise to imm cause (a) stating the lying cause last.		R AS A CONSEQUENCE OF	A BENEFIT		
BE EXEC	FENDING IN THE MEDICAL IN THE ALTH AND CREMATION, O	NO	PART 2 OTNER SIGNIFICANT COI	IOITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATEO TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1 (a).		
TAL REC		CERTIFICATION	190. DATE OF OPERATIO	N 196. COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES X NO
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST SCERFFICATE SHOULD BE EXECUTED WITHIN 24 HG	TO THE CHI HOULD BE US ARTMENT OF R TO BURIAL,		210 EXTERNAL CAUSE V UNDERLYING XOR CONTRIBUTING CAU	SE OF DEATH 4:02.	M. 4-25- 19 79 R	un over and tra	er nature of injury in item 18 part 1 c apped under tru	
DIVISION THE CERT	RWARDED TO PAGE 3 SHC STATE DEPAR	MEDICAL	214. INJURY OCCURRED WHILE AT WORK AT WOR	ILE STREET, FA	CTORY, FARM, ETC.)	OCATION STREET 0 3/4 mi, west	CITY OR TOWN	COUNTY STATE Howard Md.
AINER: THE	E CERTIFICATE, WRITING THE COLLD BE FORWARDED TO 1 I. DIRECTOR: PAGE 3 SHOUL I. WITH THE STATE DEPARTM MARYLAND, 21201 PRIOR TO	3		k charge of the remains de	escribed above, held an Auto Accident X, Suicide	Patapsco River	Inquiry , and in m	y opinian
AL EXAM			ACTUAL SIGNATURE	rgue Th	Jolan MD	TITLE (SPECIFY) M.D. Assistant M	EDICAL EXAMINER SP	ATE GNED 4-26-79
MEDIC	PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M		EXAMINER'S NAME (TYPE OR PRINT)			_ADDRES 111 Penn S		
2 B	PA T PA BAF	Bu	URIAL, CREMATION, REMO PECIFY) rial	4-28-197	23c. NAME OF CEMETERY 9 Kirkridge C	emetery M	anchester Carr	
	HMH - 17 A15 ME (5))	24. F	UNERAL DIRECTOR	4 7 H. ADDRES	Westernade M	24. 250. DATE REC'D.	BY REGISTRAR 25b. REGISTRAL	rs signic ure

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all loost Olog I-70 (as them - /Auf as a of the second latters (sudomb)

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DHMH · 17 (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- 5	FOR STATE REGISTRAR	MED	DICAL EXAMINER'S	CERTIFICATE O	F DEATH 7 9 NO 9	723
Ī	I. DEC	CEASED NAME FIRST PRINT) Andrew	Jachso	MIDDLE THOMPSON	/ /	20. DATE KNOWN MON OF ESTI- DEATH MATED 4	TH DAY YEAR 26 HOUR 1974 M
3	N. SEX	Tale Cauc	5. DATE OF BIRTH MONTH DAY 1/1-2-	93 85 YRS.	JNDER 1 YR. IF UNDER	MIN PRONOUNCED 4-/	8 199 87 M
35		RTHPLACE (STATE OR REIGH COUNTRY) Md .	7b. CITIZEN OF WH.	MAR	RIED NEVER MARRI		MD.
0	10. CIT	Fulton	(IF NOT IN SUCH FACE 11922	PITAL, NURSING HOME, OR OT CILITY, GIVE STREET ADDRESS) Queen St.	HER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORLD FOR MOST OF WORKING LIFE) Farmer	12b. KIND OF BUSINESS OR INDUSTRY Farming
	30. ST	L RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUNT HOWA)	Υ	PERESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN FULTON	13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 1922 Queen St.	
30		THER'S NAME Benjamin Ho		ompson	15. MOTHER'S MAIDE Mary	- Sullivan	LAST
1	160. W (YE	VAS DECEASED EVER IN U.S. ARN ES, NO, OR UNKNOWN) (IF YES, GIVE V NO	VAR OR DATES)	166. SOCIAL SECURITY NO. 577-48-9887	Andrew J	. Thompson III Sa	me as #13
-2	CERTIFICATION	PART I DEATH WAS CAUSED IMMEDIATI Conditions, if any, which gove rise to immediate cause (a) stating the <u>under-</u> lying cause last. PART 2 OTHER SIGNIFICANT (ONDITIONS C	(c) DUE TO, OR A (b) DUE TO, OR A (c) ONTRIBUTING TO DEATH BI	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE, ION FOR WHICH OPERATION	ASE OR CONDITION GIVEN IN PA	195cular disease	20. AUTOPSY?
3	MEDICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EATH P.M. 21e. PLACE O	MONTH DAY YEAR	OCATION STREET		PART 2) COUNTY STATE
2		22e. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE STANDARD Z		cribed obove, held on Auto Accident , Suicide Lett,	Popsy , Inspection Homicide , TITLE (SPECIFY)	In Managery Managery Ond in my Undetermined monner, MEDICAL EXAMINER SIG	16 16 72
	23a. B.C	(TYPE OR PRINT)	April 20,	1979 NAME OF CEMETERY Burtons	OR CREMATORY	23d. LOCATION HITY OR JOHN	OUNTY Md STATE
		UNERAL DIRECTOR FRANCIS	H. BARBE			Burtonsville Mo	nt, rid.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician.

TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	9 -	0	9	7	2	L
REG. NO.	0	0	0		E-s	-

		REGISTRAR				CENTII	ICATE OF DEATH	REG. N	-	001	4 7
		CEASED NAME OR PRINT)	FIRST FOR GO		ge White	-	WHITE	4/5/79	MONTH D.	- 79	25 HO
	Ma.	- 11	1	RACE White V	√·	5. DATE C	DF BIRTH 4 VEAROS	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS
75	CO	RTHPLACE (STATE OR FO	DREIGN 7	U.S.A	what country?	MARRIE WIDOWE	D MEVER MARRIED	9 BALTIMORE CITY 9	_		
81		TY OR TOWN OF DEA	TH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Laborer D	ion of working life epartme	126. KIND (INDUSTRY Ent St	of Busin
35	Max Max	IL RESIDENCE (IF NURSI TATE ryland	13b COUNT Howas	OTHER INSTITUTION TY rd	GIVE RESIDENCE BEFORE 130 CITY OR JOV COLUMBIA	re admission) VN	13d INSIDE CITY LIMITS? YES NO	5562 Fruit	gift P	lace C	olum
130		THER'S NAME ate Willia	m Whi	te te	LAST		late Bets	y Bonner MIDDLE		LA	AST
1		VAS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARM (IF YES, GIVE V		166 SOCIAL SEC	URITY NO.	17 INFORMANT Mrs Katheri	ne White 650		itgift	Pl :
		Conditions, if ony, gove rise to imm couse (a), stating	nediote	(b)_	R AS A CONSEQU	JENCE OF	Hyperkunie	Cerdervasc	. Dose		
	N	gave rise to imm cause (a), stating underlying cause	nediote g the lost.	(b) DUE TO, O (c)	r as a consequ	JENCE OF	Hyperkunie H/O Pephi &				101
9	TIFICATION	gave rise to imm cause (a), stating underlying cause	nediate g the lost.	DUE TO, O (c) ONDITIONS CO	r as a consequ Ontributing to	DEATH BUT			20b. IF YES,	WERE FINDI	INGS USI
9	CERTIFIC	gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	DIFICANT CO	DUE TO, O (c) ONDITIONS CO 196. COND 216. TIME C	R AS A CONSEQUED TRIBUTING TO STORY WHICH OF INJURY M. MONTH D	DEATH BUT	NOT RELATED TO THE TER	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDI	INGS USI
9	CAL	gove rise to imm couse (a), stating underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CC	ION DERLYING CAUSE OF DEAT ALL EXAMINER)	DUE TO, O (c) DNDITIONS CO 196. COND 216. TIME CO HOUR A. P. 21e. PLACE	R AS A CONSEQUED TRIBUTING TO STORY WHICH MAN MONTH DEMANDE	DEATH BUT H OPERATIO DAY YEAR	NOT RELATED TO THE TER	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDI	INGS USI
9	MEDICAL	gove rise to imm couse 101, statim underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CORREST CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	PERLYING CAUSE OF DEAT AL EXAMINER) (this hospited of live on	DUE TO, O (c) 196. COND 196. COND 216. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	R AS A CONSEQUENTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, the deceased from 19	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 21s. HOW INJURY OCCU 21s. LOCATION	206 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TO	20b. IF YES, IN CERTIFY YES JRY IN ITEM 18, PA	WERE FINDI VING CAUSE:	NO

14 FUNERAL DECTOR LILE Columbia E R Ellicott City

DHMH - 16 50M 1/76 (VR A 15 (4))

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